



Retiree Benefits Guide



Dental and Vision
Open Enrollment
every October

FHC
Open Enrollment
every August



2022-2023

Important Contacts

Vendor	Phone Number	Website
Medical Florida Health Care	386-676-7100 ext. 7688	www.fhcp.com email: lward@fhcp.com
Dental Humana Dental	800-233-4013 (Questions) 877-829-5037 (Billing questions) <i>When calling mention part of FSRBC</i>	www.myhumana.com
Vision Humana Vision	877-398-2980 (Questions) 877-829-5037 (Billing questions) <i>When calling mention part of FSRBC</i>	www.myhumana.com
Life Insurance The Standard	800-325-5757 ext 0283	email: christine.d'angelo@standard.com
Florida School Retire Benefits Consortium (FSRBC)	833-686-0983	www.myfsrbc.com
Florida Retirement System (FRS)	866-446-9377	www.myfrs.com
MEDICARE	800-MEDICARE 800-633-4227	www.medicare.gov
BENCOR	800-330-4014 ext 5075	www.bencorplans.usretirementpartners.com

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MONTHLY RATES

HEALTH- FHC

Coverage Levels	POS	HMO	HMO 2
Retiree Only/Spouse Only	\$672.72	\$668.75	\$537.25
Retiree & Spouse	\$1278.18	\$1270.59	\$1020.79
Retiree & Child(ren)	\$1143.62	\$1136.84	\$913.33
Retiree & Family	\$1681.86	\$1671.86	\$1343.18

DENTAL PPO PLANS- HUMANA

Coverage Levels	LOW PLAN	MEDIUM PLAN	HIGH PLAN
Retiree Only/Spouse Only	\$34.30	\$40.39	\$47.87
Retiree + 1	\$68.27	\$69.36	\$95.32
Retiree + Family	\$88.96	\$99.20	\$123.77

DENTAL DHMO PLANS- HUMANA

Coverage Levels	LOW PLAN	HIGH PLAN
Retiree Only/Spouse Only	\$10.53	\$17.10
Retiree + 1	\$20.85	\$33.85
Retiree + Family	\$37.07	\$60.17

VISION PLANS- HUMANA

Coverage Levels	LOW PLAN	HIGH PLAN
Retiree Only/Spouse Only	\$6.58	\$7.64
Retiree + 1	\$13.15	\$15.28
Retiree + Family	\$21.42	\$24.58

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Volusia County Schools: 2022-2023 Medical Plan Design Summary

	Florida Health Care Plans			
	HMO	HMO 2	POS	
	In Network	In Network	In Ntwk	Out of Network
Annual Deductible Single/Family	\$1,000 / \$2,000	\$4,500 / \$9,000	\$2,000 / \$4,000	\$4,000 / \$8,000
Coinsurance(Member Pays)	15%	10%	15%	40%
Out of Pocket Max Single/Family	\$5,000 / \$10,000	\$8,700/ \$14,700	\$5,000 / \$10,000	\$8,000 / \$16,000
Physician Services				
PCP Copay	\$20	\$35	\$25	40% AD
Specialist Copay	\$35	\$50	\$35	40% AD
Preventive Care				
Routine Physical Exam, Well Child, Immunization	\$0	\$0	\$0	40% AD
WorkForce Wellness Centers				
Per Visit	\$8	\$8	\$8	
Hospital Services				
Inpatient	\$300/Day (Days 1-5)AD	10% AD	15% AD	40% AD
Outpatient	\$250(ASC), \$500 (Hospital)	10% AD	15% AD	40% AD
Emergency Services				
Emergency Visit / Urgent Care	\$400 / \$75	10% AD / 10%	15% AD	15% AD (In- Network)
Lab, X-ray, & Diagnostics				
Lab and Radiology	\$0 Lab / \$20 X-ray /\$75 (OP)	\$0 Lab / \$50 X- ray 10% AD(OP)	\$0 Lab / \$25 X-ray / 15% AD(OP)	40% AD
Advanced Imaging	\$175	10% AD	\$350	40% AD
Prescription Drugs				
Retail (31 Day Supply)	FHCP / Walgreens	FHCP / Walgreens	FHCP / Walgreens & Publix	
Preferred Generic	\$3 / \$20	\$3 / \$20	\$3 / \$20	
Non-Pref Generic	\$12 / \$20	\$12 / \$20	\$12 / \$20	
Preferred Brand	\$35 / \$40	\$35 / \$40	\$35 / \$40	
Non-preferred Brand	\$60 / \$65	\$60 / \$65	\$60 / \$65	
Pre approved specialty drug formulary	Preferred: 15% Coins Non-Preferred: 25 Coins	Preferred: 15% Coins Non-Preferred: 25% Coins	Preferred: 15% Coins Non-Preferred: 25% Coins	
Mail Order (up to 93 days supply)				
Preferred Generic/Non-Pref Generic/ Preferred Brand/ Non- preferred Brand	\$6 / \$33 /\$102 / \$177	\$6 / \$33 /\$102 / \$177	\$6 / \$33 /\$102 / \$177	

Notes:
AD = After Deductible
ASC = Ambulatory Surgical Center Facility
OP = Outpatient Facility

HOW TO ENROLL IN PRE-65 HEALTH

STEP 1 - Complete enrollment form after you retire but before your current coverage ends.

If retiring at the end of the school year, complete enrollment form after August 1st but before September 30th.

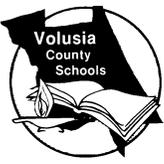
STEP 2 - Submit form to FHCP via email, mail or fax. (See bottom of enrollment form)

STEP 3 - Complete Insurance Payroll Deduction Authorization Form and submit to FHCP via email, mail or fax

NOTE
If you are not receiving a pension check or do not want your premiums deducted from your pension, FHC will bill you directly.

Enrollment and Payroll Deduction Forms can be completed electronically or by paper form

Enrollment/Billing questions
386-676-7100 ext 7688
RetireeEnrollment@fhcp.com



PRE 65 RETIREE BENEFITS APPLICATION

OFFICE USE ONLY
Retiree date:
Active insurance ends:
Retiree insurance begins:

Section 1 - Retiree Information

Name: _____
(Last, First, M.I.)

Date of Birth: _____

Social Security#: _____ - _____ - _____ Marital Status: Single Married Divorced Widowed

Mailing Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ Phone: _____

Section 2 - Benefit Selections

Health Insurance (Check One)

Florida Health Care HMO Florida Health Care HMO 2 Florida Health Care POS

Health Coverage for: Retiree Only Retiree/Spouse Retiree/Child(ren) Retiree/Family Spouse Only

Section 3 - Dependent Information

<i>Relationship</i>	<i>Last Name</i>	<i>First Name</i>	<i>M</i>	<i>Social Security</i>	<i>Sex</i>	<i>Date of Birth</i>
<i>Spouse</i>						
<i>Dependent Child</i>						
<i>Dependent Child</i>						
<i>Dependent Child</i>						

Section 4 - Signature

I represent that the statements on this application are true and complete to the best of my knowledge and belief. I understand and agree that misrepresentations, omissions, concealment of facts, or incorrect statements may result in denial of benefits and/or termination of coverage/membership. I agree to be bound by the group contract's terms and conditions.

Signature _____

Date _____

SEND FORMS TO FHCP ENROLLMENT DEPT
Email: lward@fhcp.com
Fax: 386-676-7137
Mail: Florida Health Care Plans
 Attn: Leslie Ward
 PO Box 9910
 Daytona Beach, FL 32120

Questions about your pre 65 VCS retiree health insurance,
email lward@fhcp.com or call at 386-676-7100 Ext 7688

INS DOC

FLORIDA RETIREMENT SYSTEM Insurance Payroll Deduction Authorization Form

FLORIDA HEALTH CARE

Name of Insurance Provider

Retiree Enrollment
Insurance Provider Contact Person

386-676-7100 Ext: 7688
Insurance Provider Telephone No

The payee must authorize new insurance deductions OR the restart of a previously closed deduction. The payee is the person receiving the FRS pension payment.

PAYEE SSN: _____ DEDUCTION CODE NO: 030

PAYEE NAME: _____ DEDUCTION AMOUNT: _____

I hereby authorize the Division of Retirement to deduct my insurance premiums from my monthly Florida Retirement System (FRS) benefit check and make any subsequent premium changes as directed by my insurance provider. I understand that my insurance provider is responsible for notifying me of premium changes as they occur and for any refunds (if applicable). If I am changing insurance companies, I will notify the existing company of the cancellation or changes.

Payee's Signature: _____

Address: _____

City, State & Zip: _____

Date: _____

Telephone No: _____

Date of Birth: _____

Date Member Retired: _____

Please fill out form and send back to FHCP Leslie Ward. Please make sure to sign this form.

Email: lward@fhcp.com

Fax: 386-676-7137

Attn: Leslie Ward

PO Box 9910

Daytona Beach, FL 32120

Thinking about Retiring?

Florida Health Care Plans has you covered

Personalized Service to Help You Find the Right Plan

If you are thinking about retirement, there are a few options to consider when it comes to your health coverage. There is no “one size fits all” solution to health care benefits. Our goal is to help you find the plan that’s right for you. We can help you understand the complex language and timeframes surrounding individual health plans and Medicare. We will guide you every step of the way, making sure you have a plan that will address your unique needs.

Before Medicare

Individual and family plans offer a number of affordable coverage options for you and your family.

- \$0 Deductible plans and Catastrophic Coverage plans available
- No preexisting condition limitations or lifetime maximum limits
- ACA subsidies are income based
- HMO Health Plans—over 8,000 network providers and contract facilities
- Point-of-Service & Triple-Option Plans—no referrals needed and coverage of many out-of-network services
- High-Deductible Plans—maximum control at the lowest cost. Combine with a Health Savings Account (HSA) or Health Reimbursement Account (HRA)
- Optional Wellness Benefit Rider includes free access to over 80 gyms available for additional premium

Transition to Medicare

Medicare is a federal health benefit and insurance plan offered to people over the age of 65 and people with disabilities.

Get simple and easy-to-understand advice to help you make the transition to Medicare.

- 5-Star plan rating—you may not need to wait until Medicare Open Enrollment to join one of our plans
- \$0 premium for most plans
- \$0 copay for Primary Care office visits (Rx Savings plan not included)
- Prescription drug coverage included for no additional premium
- Mail order prescription drug program, with savings on a long-term supply under most plans
- Provider network includes hospitals in Volusia, Flagler, Seminole, Brevard and St. Johns counties
- Free access to over 80 gyms

All plans include: 24-Hour Telemedicine (copay applies), 24x7 Free Nurse Advice Line and Worldwide Emergency & Urgent Care

From labs to pharmacies, doctors to urgent care - we are your one-stop shop for many of your health needs.

Contact our office today

1-855-462-3427

(TTY: 1-877-955-8770)

Monday through Friday, 8 a.m. to 8 p.m.

FHCP Medicare is an HMO plan with a Medicare contract. Enrollment in FHCP Medicare depends on contract renewal. Every year Medicare evaluates plans based on a 5-star rating system. Applicable to 2019/2020 HMO plans on Contract H1035. HMO coverage is offered by Florida Blue Medicare, Inc., DBA FHCP Medicare, an Independent Licensee of the Blue Cross and Blue Shield Association. FHCP Medicare's pharmacy network includes limited lower-cost, preferred pharmacies in Brevard, Flagler, Seminole, St. Johns and Volusia counties, Florida. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-833-866-6559 (TTY users call 1-800-955-8770) or consult the online pharmacy directory at fhcpmedicare.com. We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-866-6559 (TTY: 1-877-955-8773). ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-833-866-6559 (TTY: 1-800-955-8770).



**Florida
Health Care
Plans**



An Independent Licensee of the Blue Cross and Blue Shield Association

Y0011_34653_M 1219R1 CMS Accepted

DENTAL

Humana Dental PPOs			
Benefits (Based on In-Network)	Low Plan	Medium Plan	High Plan
Network Name	HDPPO/TRPREF		
Calendar Year Deductible	\$50	\$25	\$50
Calendar Year Annual Maximum	\$800	\$1,250	\$2,000
Preventive Coinsurance (Plan Paid)	100% after deductible	100%	100%
Basic Coinsurance (Plan Paid) <i>Fillings, Emergency Visit</i>	70%	80%	80%
Major Coinsurance (Plan Paid) <i>Extractions (Surgical), Crowns, Dentures</i>	50%	50%	50%
MONTHLY RATES			
Retiree Only	\$34.30	\$40.39	\$47.87
Retiree + 1	\$68.27	\$69.36	\$95.32
Retiree + Family	\$88.96	\$99.20	\$123.77
Humana Dental DHMOs			
Benefits	Low Plan	High Plan	
Network Name	HD205/DHMO	HS195/DHMO	
Preventive	\$0	\$0	
Emergency Visit	\$20	\$10	
Extractions (Surgical)	\$40	\$30	
Root Canal	\$110-\$250	\$100-\$210	
Dentures	\$375	\$325	
MONTHLY RATES			
Retiree Only	\$10.53	\$17.10	
Retiree + 1	\$20.85	\$33.85	
Retiree + Family	\$37.07	\$60.17	

VISION

Humana Vision		
In-Network Benefits	Low Plan	High Plan
Network Name	Humana Insight Network	
Exam Copay	\$10	\$5
Lens/Frames Copay	\$15	\$15
Frequency (Exam / Frames / Lenses)	12/24/12	12/12/12
Lenses Single / Bifocal / Trifocal / Lenticular	All Included (In Network)	All Included (In Network)
Frame Allowance	Up to \$130 (20% off balance over \$130)	Up to \$130 (20% off balance over \$130)
Contact Lenses Allowance	Up to \$130 (15% off balance over \$130)	Up to \$130 (15% off balance over \$130)
MONTHLY RATES		
Retiree Only	\$6.58	\$7.64
Retiree + 1	\$13.15	\$15.28
Retiree + Family	\$21.42	\$24.58

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HOW TO ENROLL IN DENTAL AND/OR VISION

New Enrollment Customer Service
877-589-4051

When calling mention you are part of FSRBC

NOTE

If you would like for your premiums deducted from your pension check, let the representative know at the time of your benefits election.

Dental/Vision billing questions 877-829-5037.
Dental Customer Service questions 800-233-4013
Vision Customer Service questions 877-398-2980

When calling mention you are part of FSRBC

School Board of Volusia County, FL (VCSB) Retiree Life Insurance Options

OPTION 1 - Group Policy - Available to all retirees regardless of age

Your choice of \$3,000, \$5,000 or \$10,000 of life insurance coverage. No health information will be asked of you. Coverage may be continued for as long as you continue to pay the premium. The cost of this coverage does not increase and the value does not decrease with advancing age. You will receive an annual billing statement after The Standard processes your application.

Annual Premium:

Subject to change based on contract negotiations between The Standard and VCSB.

\$3,000 = \$114.84 or \$5,000 = \$191.40 or \$10,000 = \$382.80

OPTION 2 - Group Life Portability – Available to retirees under age 75

You may apply to continue your Basic Life, Supplemental Life and Dependent Life coverage amount or a portion of it. No health information will be asked of you. You must meet the following criteria In order to be eligible for this option:

- a. You must have been continuously insured under your employer’s group term life insurance plan for at least 12 consecutive months on the date your employment terminates.
- b. You must be able to perform with reasonable continuity the material duties of at least one gainful occupation for which you are reasonably fitted by education, training and experience on the date employment terminated.
- c. You cannot increase the amount of insurance while coverage is being continued under the policy. You may request a lower amount or reduce your coverage in future years.
- d. If you do not buy life insurance for yourself, you may not purchase it for a dependent.

Premium:

Billed quarterly (every three months) to your home address. The premium is subject to increase with advancing age and the amount of coverage reduces with age. Monthly premium rates for Member, Spouse and Dependent Child(ren) are per \$1,000 of insurance:

Age (on last birthday)	Non-Tobacco Rate	Tobacco Rate
0-34	0.16	0.35
35-39	0.26	0.58
40-44	0.39	0.86
45-49	0.57	1.25
50-54	0.96	2.12
55-59	1.34	2.95
60-64	2.00	5.00
65-69	3.86	9.66
70-74	5.41	13.53
75-79	9.74	24.35
80+	17.53	43.83
Child Life = \$0.16 per \$1,000		
AD&D = \$0.04 per \$1,000		

Option 3 – Conversion to Individual Whole Life – Available to retirees regardless of age

You may have the option of converting all or part of your Basic Term Life, Supplemental Term Life and Dependent Term Life coverages to a whole life policy. Whole Life policies have different features than Option 1 & 2. Rates are based on your age and the amount of life insurance you wish to convert. No health information will be asked of you.

Annual Premium per \$1,000*

Age	Premium	Age	Premium
50	\$49.08	63	\$106.22
51	\$51.74	64	\$112.85
52	\$54.50	65	\$119.75
53	\$57.60	66	\$127.02
54	\$61.00	67	\$134.77
55	\$64.70	68	\$143.01
56	\$68.62	69	\$151.88
57	\$72.80	70	\$159.21
58	\$77.40	71	\$167.08
59	\$82.20	72	\$178.00
60	\$87.60	73	\$192.12
61	\$93.53	74	\$206.37
62	\$99.94	75	\$222.60

***Add \$40 annual policy fee to final premium. These rates are not guaranteed and subject to change by The Standard.**

Application Instructions:

Download and complete the application for the option you wish to purchase.

Option 1/Group Policy: standard.com/eforms/7533_758938retiree.pdf

Option 2/Portability: standard.com/eforms/20908.pdf

Option 3/Conversion: standard.com/eforms/1598a.pdf

NOTE: You must apply in writing and pay the first premium within 60 days after your coverage ends.

For additional assistance with the options for continuing your life insurance, please contact:

Christine D'Angelo, National Accounts Consultant

The Standard

4300 W. Cypress St., Suite 750

Tampa, FL 33607

Phone: 800-325-5757 ext. 0283

Fax: 813-879-2431

Email: christine.d'angelo@standard.com